| DATENT | ADDLICATION | FFE DETERMINATION DECORD |
|--------|-------------|--------------------------|
| PAIENI | APPLICATION | FEE DETERMINATION RECORD |

| Effective October 1, 2000  |             |   |              |                       |                              |                   |          |          |                        |                            |                     |                        |
|--|-------------|---|--------------|-----------------------|------------------------------|-------------------|----------|----------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I<br>(Column 1)   |             |   |              | (Column 2)            |                              | SMALL ENTITY TYPE |          |          | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
| TOTAL CLAIMS   |             |   |              |                       |                              |                   | RAT      |          | FEE                    |                            | RATE                | FEE                    |
| FOR  |             |   | NUMBER FILED |                       | NUMBER EXTRA                 |                   | BASIC    | EE       | 355.00                 | OR                         | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS 91   |             |   | 91 min       | us 20=                | • 71                         |                   | X\$ 9    | =        |                        | OR                         | X\$18=              | 1278                   |
| INDEPENDENT CLAIMS   |             |   | * 18         | 17                    | X40                          | =                 | -        | OR       | X80=                   | 1140                       |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |             |   |              |                       |                              | +135              | _        |          | OR                     | +270=                      | 1,50                |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |             |   |              |                       | TOTA                         | L.                |          | OR       | TOTAL                  | 3348                       |                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  |             |   |              |                       |                              |                   |          |          | NTITY                  | OR                         | OTHER<br>SMALL      |                        |
| ENT A  |             | CLAIMS REMAINING AFTER AMENDMENT          |              | HIGH<br>NUM<br>PREVIO | IEST<br>IBER<br>OUSLY        | PRESENT<br>EXTRA  | RAT      | П        | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>   | Total       | *   | Minus        | **                    |                              | =                 | X\$ 9    | =        |                        | OR                         | X\$18=              |                        |
| AME  | Independent | *   | Minus        | ***                   | T OL ALIA                    | =                 | X40:     | =        |                        | OR                         | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |              |                       |                              |                   |          |          |                        | OR                         | +270=               |                        |
|  |             |   |              |                       |                              |                   |          | AL       |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|  |             | (Column 1)                                | <i>;</i>     | (Colu                 | mn 2)                        | (Column 3)        | ADDIT. F |          |                        |                            | ADDIT. FEE          |                        |
| MENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  | RATI     |          | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| N<br>N   | Total       | *   | Minus        | **                    | ,                            | =                 | X\$ 9    | -        |                        | OR                         | X\$18=              |                        |
| AME  | Independent | *   | Minus        | ***                   | F OL 4144                    | =                 | X40=     |          |                        | OR                         | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |              |                       |                              |                   |          | - 1      |                        | OR                         | +270=               |                        |
|  |             |   |              |                       |                              |                   |          | AL<br>EE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |             |   |              |                       |                              |                   |          |          |                        |                            |                     |                        |
| AMENDMENT C  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA  | RATE     |          | ADDI-<br>FEE           |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total       | *   | Minus        | **                    |                              | =                 | X\$ 9:   | =        |                        | OR                         | X\$18=              | ř                      |
| AME  | Independent | *   | Minus        | ***                   | T OL 1111                    | =                 | X40=     |          | _                      | OR                         | X80=                |                        |
| Ľ  | FIRST PRESE | NTATION OF M                              | OLTIPLE DEF  | ENDEN                 | CLAIM                        |                   | +135     | _        |                        | OR                         | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |             |   |              |                       |                              |                   |          |          |                        |                            |                     |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Application or Docket Number**